

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMichael Robinson 241-12-17969USDC SDNY
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DOC#DATE FILED: 11/26/2013 @

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Police officer of 44th Precinct 2
East 169 Street Bronx New York
10452-7800AMENDED
COMPLAINTunder the Civil Rights Act,
42 U.S.C. § 1983Jury Trial: ☒ Yes ☐ No
(check one)13 Civ. 4184 (JPO)

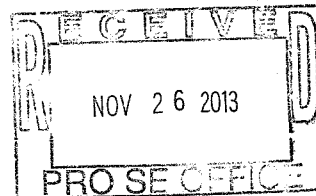
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name Michael Robinson
ID# 241-12-07969
Current Institution G.M.D.C
Address 15-15 Hazen Street East Elmhurst
New York 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Police officer Carmen. Cabrera Shield # 15433
Where Currently Employed 44th Precinct 2 East
Address 169 Street Bronx New York, 10452-7800

Defendant No. 2

Name Police Officer Harry Bonhomme Shield # 28127
 Where Currently Employed District Attorney's office Served
 Address Bronx County, 215 East 161st Street Bronx
New York, 10451

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Who did
what?

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

169 Street College Ave Bronx New York 10456

C. What date and approximate time did the events giving rise to your claim(s) occur?

July 30, 2010 at approximately 3:10 pm

D.

Facts: On the above Date and time I was arrested
and charged with Criminal sale of controlled substance.
I was on 169 Street in College Ave in the Bronx when the
44th precinct narcotic team came and put me under arrest

What
happened
to you?

then took me to the 44th precinct and said I
 med. on sale of controlled substance-3rd. I was
 then taken to Bronx County Criminal Court.

Was
 anyone
 else
 involved?

Who else
 saw what
 happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Plaintiff suffered with extreme emotional multiple
 type trauma and traumatized distress order by the
 hands of the employee and as well as for Police officers
 of the City of New York 44th precinct 2 East 169 Street
 Bronx New York 10452-7800. and the Bronx County
 District Attorney office Mr Robert J. Johnson cigants
 A.D.A located at 198 East 169 Street Bronx New York 10451

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Plaintiff will sue the N.Y. Employees Defendant Police Department. Officer C. Cabrera shield 15435, for copecity deliberate indifference, Malice and Cruel and unusual punishment, force imprisonment, illegal detention, warrantless arrest with out probable cause, for bogus alleged Drug sale of controlled substance by the hands of agents of police Department. Plaintiff will sue for the amount of Two million Dollars, Compensatory Damages to compensate Plaintiff for his suffering, extreme emotional distress, disorder from and also traumatization, and for Punitive Damage in the amount of \$100,000.00 Thousand Dollars for cruel and unusual Punishment, of D. liberate indifference and malice act, and illegal force imprisonment and detention and for filing bogus charges.

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐
If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☐ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of Nov, 2013.

Signature of Plaintiff

Inmate Number

Institution Address

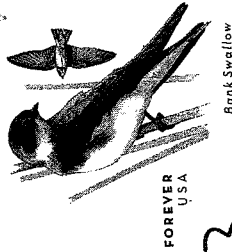
Michael Robinson
241-12-07969
G.M.D.C 15-15 Hazen
Street East Elmhurst
N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11 day of Nov, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

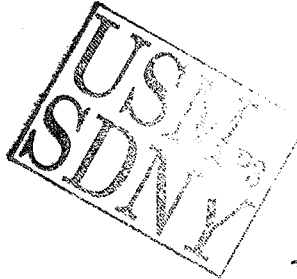
Signature of Plaintiff:

M.R.L.



PO & Intake
11.26.2013

UNITED STATES DISTRICT COURT
Southern District of New York
U.S. Courthouse - 500 Pearl Street
New York, NY 10007



Michael Robinson
241-12-01919
15-15 Hazen Street
East Elmhurst, N.Y. 11370

LEGAL MAIL